MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008939

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1630

DO NOT WRITE ON THIS STUB

AMENDED FILED FEB 19 1963

VS 300
Rev. 4/59

DATE AMENDED 2027

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

1
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4 0
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12 65-0
13

65

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis Mo
Length of stay in 1b: 64 YRS
c. CITY OR TOWN: St Louis Mo
Inside Limits: Yes ☑ No ☐

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: LUTHERAN Hosp.
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6025 WANDA
Reside on Farm: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY:

3. NAME OF DECEASED (Type or print): First EDWARD Middle A Last KRONDL

4. DATE OF DEATH: Month 2 Day 12 Year 1963

5. SEX: M

6. COLOR OR RACE: W

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/22/88

9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Artist

10b. KIND OF BUSINESS OR INDUSTRY: Button Co

11. BIRTHPLACE (City and state or country): St. Louis Mo

12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: ALBERT KRONDL

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: FRANCES KRONDL

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates): YES WW I

Y NO. -2264

17. INFORMANT Address: FRANCES KRONDL 6025 WANDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS
DUE TO (c): 4201
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): RHEUMATOID ARTHRITIS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from FEB 12, 1963 to FEB 12, 1963 and last saw her him alive on FEB 12, 1963
Death occurred at 8:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul W Larson, M.D.

22b. ADDRESS: 3654 South Grand

22c. DATE SIGNED: 2/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/16/63

23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR ADDRESS: Thomas Kutis 2406 Gravois

25. DATE RECD. BY LOCAL REG.: FEB 14 1963

26. REGISTRAR'S SIGNATURE: Boad Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______, Student Embalmer No. ______

working under my personal supervision.

Student ______
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr Larson (Strand) 3652 MO 4-5500

10 ... 2/14/63

got OK from Mr. Quinn